



**TOWN OF BARRINGTON, NH**  
**Application For Appointment Request**  
**Board – Commission – Committee**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Barrington Resident Since: \_\_\_\_\_ Registered Voter: ☐ Yes ☐ No

1. I am applying for: ☐ Appointment ☐ Reappointment

2. I am applying for one or more of the following in order of preference (*1=1st choice, 2=2nd choice, etc.*)

<input type="checkbox"/>	Advisory Budget Committee
<input type="checkbox"/>	Conservation Commission
<input type="checkbox"/>	Planning Board
<input type="checkbox"/>	Recreation Commission
<input type="checkbox"/>	Regional Planning Commission Rep
<input type="checkbox"/>	Technology Committee
<input type="checkbox"/>	Town Lands Committee
<input type="checkbox"/>	Transfer Station & Recycling Center
<input type="checkbox"/>	Zoning Board of Adjustment

<input type="checkbox"/>	<b><i>Alternate or Mid-Year Vacancy Only:</i></b>
<input type="checkbox"/>	Library Trustees

<input type="checkbox"/>	<b><i>Mid-Year Vacancy Only:</i></b>
<input type="checkbox"/>	Cemetery Trustees
<input type="checkbox"/>	Select Board
<input type="checkbox"/>	Trustees of Trust Funds

<input type="checkbox"/>	Other (please specify): _____
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3. For my appointment, please consider the following:

a. Occupation: \_\_\_\_\_

b. Employer: \_\_\_\_\_

c. If appointed, do you feel there is any conflict of interest with your personal beliefs, occupation, or employer? ☐ Yes ☐ No

d. Education: \_\_\_\_\_

e. Relevant Experience: \_\_\_\_\_

f. Volunteer Time Available: \_\_\_\_\_

g. Any previous appointments to any board for the Town of Barrington or the School District? (If yes, please describe): \_\_\_\_\_

h. Are you willing to serve as an alternate? ☐ Yes ☐ No

i. Are you willing to serve on a sub-committee? ☐ Yes ☐ No

4. I would like to improve the following: \_\_\_\_\_

5. I am seeking this appointment because: \_\_\_\_\_

6. I have attended a meeting of this board/committee/commission: ☐ Yes ☐ No

7. I have spoken with the chair/vice chair of this board/committee/commission: ☐ Yes ☐ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_